

WORK CAPACITY TEST RECORD

Units will document the administration of the WCT to all employees and job applicants. This documentation must be retained until the next WCT is administered. Units may also be requested to provide data from these records to assist in the evaluation of the WCT process.

To be completed by employee:

Name (Last, First): _____ Where employed: _____

IQCS Empl ID: _____

Date test taken: _____ Test administered by: (Print Name) _____

ICS position for which test is required (highest needed) _____

Performance level needed (circle one): Arduous Moderate Light

Type of test taken (circle one): Pack Test Field Test Walk Test

Work Capacity Test Descriptions:

	Pack Test	Field Test	Walk Test
Pack weight	45 lbs.	25 lbs	None
Distance	3 miles	2 miles	1 mile
Time	45 minutes	30 minutes	16 minutes

To be completed by test administrator:

Test result time: _____

Employee passed test (circle one): Yes / No

I certify that the work capacity test was administered according to Bureau guidelines.

(Signature of Test Administrator) (Title) (Date)

(Computer entry into IQCS made by) (Date)